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| | ellisz, Los Angeles, CA; | * | | | | • | |
| ** FOREIGN APPLIC | CATIONS ********************EIGN FILING LICENSE | *** | ENTITY * | * | | | |
| met Allowance CA Verified and Acknowledged Examiner's Signature Initials Allowance CA | | | | EETS TOT. WING CLAI 3 34 | | MS | INDEPENDENT CLAIMS 2 |
| ADDRESS William W. Haefliger Suite 512 201 So. Lake Ave. Pasadena ,CA 9110 | 1 | | | | | | • |
| TITLE BARBED CLIP FOR BONE ALIGNMENT AND FIXATION | | | | | | | |
| RECEIVED No. | ES: Authority has been given in Paper to charge/credit DEPOSIT ACCOUNT for following: | | | All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other Credit | | | |